

**Application Data Sheet**

**Application Information**

Application number::

Filing Date:: July 26, 2006

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::

Number of CD disks::

Number of copies of CDs::

Sequence submission?:: Paper

Computer Readable Form (CRF)?:: Yes

Number of copies of CRF:: 1

Title:: METHODS OF MAKING AND USING SKIN-  
DERIVED STEM CELLS

Attorney Docket Number:: 50037/003003

Request of Early Publication?:: No

Request of Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 28

Small Entity?:: Yes

Petition Included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?: No

**Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Canada

Status:: Full Capacity

Given Name:: Freda

Middle Name:: D.

Family Name:: Miller

Name Suffix::

City of Residence:: Toronto

State or Province of Residence:: Ontario

Country of Residence:: Canada

Street of mailing address:: 87 Marlborough Ave.

City of mailing address:: Toronto

State or Province of mailing address:: Ontario

Country of mailing address:: Canada

Postal or Zip Code of mailing address:: M5R 1X5

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Canada

Status:: Full Capacity

Given Name:: Karl

Middle Name::

Family Name:: Fernandez  
Name Suffix::  
City of Residence:: Toronto  
State or Province of Residence:: Ontario  
Country of Residence:: Canada  
Street of mailing address:: 215 Kingston Rd., Apt. 2  
City of mailing address:: Toronto  
State or Province of mailing address:: Ontario  
Country of mailing address:: Canada  
Postal or Zip Code of mailing address:: M4L 1T5

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Canada  
Status:: Full Capacity  
Given Name:: Jeff

Middle Name::  
Family Name:: Biernaskie  
Name Suffix::  
City of Residence:: Toronto  
State or Province of Residence:: Ontario  
Country of Residence:: Canada  
Street of mailing address:: 2710-736 Bay St.  
City of mailing address:: Toronto  
State or Province of mailing address:: Ontario  
Country of mailing address:: Canada

Postal or Zip Code of mailing address:: M5G 2M4

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Canada

Status:: Full Capacity

Given Name:: Ian

Middle Name::

Family Name:: McKenzie

Name Suffix::

City of Residence:: Mississauga

State or Province of Residence:: Ontario

Country of Residence:: Canada

Street of mailing address:: 420 Camden Circle

City of mailing address:: Mississauga

State or Province of mailing address:: Ontario

Country of mailing address:: Canada

Postal or Zip Code of mailing address:: L4Z 2P4

### **Correspondence Information**

Correspondence Customer Number:: 21559

### **Representative Information**

Representative Customer Number:: 21559

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National stage of	PCT/CA2005/000108	01/27/2005
PCT/CA2005/000108	An application claiming the 60/539,556		01/27/2004
	benefit under 35 USC		
	119(e)		